

17 2003 Attorney Docket No. IMMR-068/01US (new)
IMM005B (old)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of Louis B. Rosenberg

Serial No.: 09/852,401

Examiner: Chanh Duy Nguyen

Confirmation No.: 5620

Art Unit: 2675

Filed: May 9, 2001

For: Laparoscopic Simulation Interface

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Commissioner for Patents
Washington, D.C. 20231

APR 21 2003

Technology Center 2600

REPLY AND AMENDMENT UNDER 37 C.F.R. 1.111

In response to the Office Action mailed December 17, 2002, Applicants submit the following Amendment and Remarks.

Applicants submit herewith a Petition for Extension of Time, extending the period for response by one month to April 17, 2003. If additional extensions of time are necessary, however, to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefore (including fees for net addition of claims) are hereby authorized to be charged to our Deposit Account No. 50-1283.

Amendment***In the Claims:***

Please amend claims 44-50 and 57-59 as follows; cancel claims 51-56 and 60-63; and add new claims 64-76. No new matter is added by these amendments.

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TRANSMITTAL OF DOCUMENTS

Enclosed are the following documents for the above-identified application:

- ☒ Reply and Amendment Under 37 C.F.R. §1.111;
- ☒ Petition for Extension of Time;
- ☒ Information Disclosure Statement Transmittal;
- ☒ Information Disclosure Statement;
- ☒ PTO/SB/08A with electronic copy of 53 references on CD-Rom;
- ☐ Revocation and New Power by Assignee;
- ☒ Return Receipt Postcard;
- ☐ Check in the amount of \$_____ for the total claim fee as calculated below
- ☐ Other:

The fees have been calculated as shown below:

FOR:	Claims after Amend.	Claims Prev. = Paid	Extra Claims ¹	Small Entity Rate	Fee	Other Than a Small Entity Rate Fee	Total Claim Fee
Total Claims	23	20	3	\$9		\$18	\$54.00
Independent Claims	2	4	0	\$42		\$84	\$0.00
Multiple Dependent Claims Not Previously Presented				\$140		\$280	\$0.00
Other: Extension of Time Fee and IDS Fee							290.00
TOTAL							\$344.00

¹ If difference is negative, enter "0"; if Total Claims after amendment is 20 or less, enter 0; if Independent Claims after amendment is 3 or less, enter 0.

☐ A check for the total fee is attached.

☒ Please charge **\$344.00** to Deposit Account No. 50-1283 for the total fee.
This paper is being submitted in duplicate.


The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-1283.

Dated: April 17, 2003

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Respectfully submitted,
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By:


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